

# **MISSISSIPPI DEPARTMENT OF MENTAL HEALTH**



## **Rules, Regulations and Application Guidelines For The Licensed DMH Administrator Program (Formerly Licensed Mental Health/Mental Retardation Administrator)**

**Including:**  
**Licensed DMH Administrator (LA) –**  
***(formerly Licensed Mental Health/Mental Retardation Administrator - LMH/MRA)***

# DEPARTMENT OF MENTAL HEALTH

State of Mississippi



## **RULES, REGULATIONS AND APPLICATION GUIDELINES FOR THE LICENSED DMH ADMINISTRATOR PROGRAM** *(Formerly Licensed Mental Health/Mental Retardation Administrator)*

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**Effective 5/24/2002**

*(Licensed DMH Administrator Name Change Effective 10/1/2008)*

## **IMPORTANT UPDATES:**

### **Updates to the Rules, Regulations and Application Guidelines (Effective 5/24/2002) for the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) Program:**

- Effective October 1, 2008, the **name** of the Licensed Mental Health/Mental Retardation Administrator credentialing program **was changed from Licensed Mental Health/Mental Retardation Administrator to Licensed DMH Administrator.** Effective October 1, 2008, the recognized professional title within the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) credentialing program is:
  - “Licensed DMH Administrator” or the abbreviation “LA” (formerly “Licensed Mental Health/Mental Retardation Administrator – LMH/MRA”).
- In January 2009, a change was made to the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) Program **which is not reflected in the current (attached) Rules, Regulations and Application Guidelines for the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) Program (Effective 5/24/2002) document.** **A summary of this change is as follows:**
  - Beginning January 1, 2009, Licensed DMH Administrator (LA) examinations are generally offered once a month at rotating locations across the state. The examination schedule is developed and published by the Mississippi Department of Mental Health (DMH) Division of Professional Licensure and Certification (PLACE). Interested individuals should contact the DMH Division of PLACE for additional information.

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### **LICENSED DMH ADMINISTRATOR (LA) INDEPENDENT STUDY AND TRAINING REQUIREMENT CHANGE:**

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- Effective October 1, 2008, a change was made to the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) Program **which is not reflected in the current (attached) Rules, Regulations and Application Guidelines for the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) Program (Effective 5/24/2002) document.** **A summary of this change is as follows:**
  - Effective October 1, 2008, Licensed DMH Administrator (LA) Program Participants have two (2) Independent Study and Training options from which to choose in order to obtain licensure.
  - Effective October 1, 2008, LA Program Participants **choose only ONE (1) of two (2) Independent Study and Training options listed on the next page (page 2 of this “Important Updates” Insert):**

## **LICENSED DMH ADMINISTRATOR (LA) INDEPENDENT STUDY AND TRAINING REQUIREMENT**

**LA Program Participants:** LA Program Participants select **ONE** of the following **Independent Study and Training Options** in order to obtain Licensed DMH Administrator (LA) licensure:

### **Independent Study and Training - OPTION ONE:**

#### **REQUIREMENTS:**

- Graduation from the Certified Public Manager (CPM) Program **AND**
- Graduation from the DMH Accelerated Leadership Program – Focus

#### **ADDITIONAL INFORMATION:**

- **LA Program Participants obtaining licensure through this option** should submit a copy of the CPM and Focus graduation certificates to the DMH Division of PLACE upon completion of these programs *(or other official correspondence denoting completion as determined acceptable by the DMH Division of PLACE).*

### **OR**

### **Independent Study and Training - OPTION TWO:**

#### **REQUIREMENTS:**

- Graduation from the Certified Public Manager (CPM) Program **AND**
- **Successful completion of three (3)** of the five (5) available LA written examinations

**LA Exam options include:** **1)** Psychiatric Hospitals Exam (PH); **2)** Psychiatric Residential Treatment Facilities Exam (PRTF); **3)** Chemical Dependency Units Exam (CDU); **4)** Intermediate Care Facilities for IDD (MR) Exam (ICF/MR); and, **5)** Aged or Infirm Exam (A/I).

#### **ADDITIONAL INFORMATION:**

- **LA Program Participants obtaining licensure through this option** should submit a copy of the CPM graduation certificate to the DMH Division of PLACE upon completion of this program *(or other official correspondence denoting completion as determined acceptable by the DMH Division of PLACE).*
- **LA Examination Requirement Information:**
  - 1) **The selection of which three (3) exams to study for and take (from the list above) is the LA Program Participant's choice.** LA examination study materials are located in the LA Program Participant Examination Study Guide which is provided to applicable LA Program Participants upon entry into the program. Once LA Program Participants have decided which **three (3) exams** to take, LA Program Participants register for these exams by using the LA Exam Registration Form or by contacting the DMH Division of PLACE.
  - 2) Effective October 1, 2008, the DMH Minimum Standards for Community Mental Health/Mental Retardation Services Exam (DMH-MS) **was discontinued; this exam is no longer offered.** *(LA Program Participants who took and passed this examination prior to its discontinuance may be able to count it as one (1) of their three (3) completed examinations; interested individuals should contact the DMH Division of PLACE.)*
  - 3) LA Program Participants who qualify for an examination waiver on the Aged or Infirm Exam (A/I) will be able to count the examination waiver as one (1) of their three (3) completed examinations. Interested individuals should contact the DMH Division of PLACE.

**Other Changes to the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) Program (Effective 5/24/2002) document:**

- In July 2007, a change was made to the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) Program **which is not reflected in the current (attached) Rules, Regulations and Application Guidelines for the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) Program (Effective 5/24/2002) document.** **A summary of this change is as follows:**

- The Professional Licensure and Certification (PLACE) Review Board membership was increased to seven members.

- In April 2008, the following changes were made to the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) Program **which are not reflected in the current (attached) Rules, Regulations and Application Guidelines for the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) Program (Effective 5/24/2002) document.** **A summary of these changes is as follows:**

- **Renewal continuing education (CE) hours are not reported at the time of renewal.** Instead, the Mississippi Department of Mental Health (DMH) Division of Professional Licensure and Certification (PLACE) determines compliance with the renewal continuing education (CE) requirement through an audit of randomly-selected renewed individuals. More specific information on renewal is included in the current year's renewal notice.
- The **Renewal** Verification of Employment Form is not required of every renewing individual; this form is only submitted with an individual's renewal packet **IF** the renewing individual's **place** of employment has changed. More specific information on renewal is included in the current year's renewal notice.

- In January 2013, the following change was made to the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) Program **which is not reflected in the current (attached) Rules, Regulations and Application Guidelines for the Licensed DMH Administrator (formerly Licensed Mental Health/Mental Retardation Administrator) Program (Effective 5/24/2002) document.** **A summary of this change is as follows:**

- Beginning January 1, 2013, renewing individuals in **INACTIVE** status are **not required to pay the renewal fee.** However, individuals renewing in INACTIVE status must still report the required number/type of CEs to renew.

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## CHAPTER 1

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### General Provisions

#### Section 1: Statutory Authority

Statutory Authority for the certification of Case Managers was granted in 1996 by the State Legislature. Section 41-4-7 of the *Mississippi Code of 1972, Annotated* was amended to include a provision authorizing the State Board of Mental Health to certify/license case managers, mental health therapists, mental retardation therapists, and others as deemed appropriate by the Mississippi State Board of Mental Health. In 1997, authority was expanded to include the certification/licensure of mental health/mental retardation program administrators and addiction counselors.

#### Section 2: Non-Discrimination

The Mississippi Department of Mental Health does not discriminate against any applicant, provisional certificant, certificant or licensee because of race, color, creed, sex, religion, national origin, age, disability, or political affiliation. The Department of Mental Health promotes non-discriminatory practices and procedures in all phases of state service personnel administration, as well as in programs funded or certified/licensed by the Mississippi Department of Mental Health.

#### Section 3: Americans with Disabilities Act

The Department of Mental Health complies with all aspects of the Americans with Disabilities Act of 1990. If requested, special accommodations to aid in the completion of forms or in the completion of examinations will be provided.

#### Section 4: Purpose

- A. The purpose of these rules shall be to develop procedures and establish requirements for:

- (1) Establishment of an advisory Professional Licensure and Certification Review Board, selection of Review Board members, establishment of rules and procedures for Review Board meetings;
- (2) Standards and qualifications requisite in the issuance of professional licensure as a Mental Health/Mental Retardation Administrator;
- (3) Evaluation of qualifications of individuals applying for this professional licensure;
- (4) Issuance and renewal of this professional licensure to qualified persons;
- (5) Setting fees necessary for the administration of this professional licensure program; and,
- (6) Establishing criteria for disciplinary actions against Licensees.

B. The purpose of the Mental Health/Mental Retardation Administrator Licensure program is:

- (1) To provide an avenue for development of administrative and managerial skills of administrators and potential administrators within the state mental health system; and,
- (2) To provide a standard for quality administration with the state mental health system.

#### Section 5: Definitions

- A. Applicant: An individual who has submitted an application for admission to the Mental Health/Mental Retardation Administrator Licensure program. See Chapter 3, Section 3, p. 7 and Chapter 4, Section 2, pp. 16-17 for more information on admission requirements and the application process.

- B. Approved Educational Institution: An institution offering a graduate degree, which is accredited by a regional accrediting body.
- C. Board: The Mississippi State Board of Mental Health.
- D. Certificate: The issued document attesting to an individual's licensure.
- E. Contact Hours: The unit of measurement that is used to designate participation in an educational/ training program designed to increase the professional proficiency of an individual holding Department of Mental Health certification/licensure. One Contact Hour will consist of a minimum of 50 consecutive minutes.
- F. Credential: A general term referring to professional certification or licensure of an individual.
- G. Division: The Department of Mental Health Division of Professional Licensure and Certification.
- H. DMH: The Mississippi State Department of Mental Health.
- I. Examination: Written tests which are given to test applicable knowledge of specific rules, regulations, standards, etc., as indicated in Chapter 3, Section 5, B., pp. 10-11.
- J. Executive Director: The Executive Director of the Mississippi State Department of Mental Health.
- K. Independent Study and Training: The prescribed program of training, self-study and written examinations to be successfully completed by program Participants prior to licensure. See Chapter 3, Section 5, pp. 9-13 for more information on Independent Study and Training.
- L. Licensed MH/MR Administrator: An individual who meets all requirements for licensure as defined by the licensure process described in Chapter 3, pp. 6-15.
- M. Licensee: An individual who holds licensure from the Mississippi Department of Mental Health as a Licensed Mental Health/Mental Retardation Administrator (LMH/MRA).
- N. MH: Mental Health
- O. MR: Mental Retardation
- P. Participant: An individual who has made successful application and has been admitted to the Mississippi Department of Mental Health's MH/MR Administrator licensure program. This individual is expected to complete a program of Independent Study and Training in order to attain licensure. See Chapter 3, Section 5, pp. 9-13 and Chapter 4, Section 1, B., p. 16 for more information on licensure requirements and the Participant Phase.
- Q. Review Board: The Professional Licensure and Certification Review Board.
- R. Staff Development Officer (SDO): Professional employee (not clerical staff) of a program as described in Chapter 3, Section 1, A., p. 6 responsible for maintaining staff development records and verifying ongoing inservice/training for Licensees seeking renewal.
- S. State Mental Health System: Network of programs within the State of Mississippi which receive funding or programmatic certification from the Mississippi State Department of Mental Health.
- T. Sponsor: An individual who agrees to directly oversee the work of a licensure program Participant toward licensure and who meets the qualifications of sponsorship as described in Chapter 3, Section 4, pp. 8-9.



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## CHAPTER 2

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### Organization

#### Section 1: Division of Professional Licensure and Certification (Division)

- A. Pursuant to 1996 Legislative action, the Mississippi Department of Mental Health (DMH) established the Division.
- B. The Division is responsible for the development and implementation of DMH professional certification and licensure programs required by Legislative action in 1996 and 1997.
- C. The Division is responsible for the acceptance and processing of applications for professional certification and licensure.
- D. The Division will be responsible for the interpretation of all rules pertaining to professional certification/licensure and this interpretation will be considered binding on all Applicants.
- E. Information, opinions and recommendations made by the Division to the State Board of Mental Health will not be considered binding on the Board if Board action is required.

#### Section 2: Professional Licensure and Certification Review Board (Review Board)

##### A. Composition and Appointment

- (1) The Review Board shall be composed of five members. Through June 30, 1998, the Review Board shall be comprised of Department of Mental Health staff appointed by the Executive Director. Beginning July 1, 1998, the Review Board shall be comprised of DMH-certified/licensed individuals in good standing, one of

whom must also be a DMH central office staff representative.

- (2) Beginning July 1, 1998, the term of office of Review Board members will be five (5) years. However, the term of office for initial Review Board appointees will be staggered in annual increments.
- (3) A nomination list for appointment to the Review Board will be generated by the Division and the current Review Board for presentation to the Executive Director of the Department of Mental Health for consideration. Nominees to the Review Board must be DMH Licensees in good standing. From the nomination list, the Executive Director of the Department of Mental Health will appoint members to the Review Board.
- (4) A Chairperson shall be chosen by the Review Board from among its members. The term of office of the Chairperson shall be for one year. Other functions/responsibilities shall be assigned to other Review Board members by the Chairperson as needed.

##### B. Purpose and Meetings

- (1) The Review Board shall meet for the purpose of reviewing initial and renewal applications for DMH professional certification/licensure, including those for Mental Health/Mental Retardation Licensure, and making recommendations to the Executive Director regarding admission to the MH/MR Administrator Licensure program and the awarding of such licensure. The Review Board shall also have the power to deny initial and renewal applications for professional certification/licensure, to investigate complaints, and to conduct disciplinary hearings and impose

sanctions, if necessary. Decisions of the Review Board relating to administrative or disciplinary action may be appealed (See Chapter 4, Section 6, pp. 18-19 and Chapter 8, Section 5, p. 32). In addition, the Review Board shall have the power to make decisions regarding "probationary" and "defaulted" status and to receive and make decisions regarding requests for "inactive," "retired," "relinquished" and "surrendered" status (See Chapter 3, Section 6, pp. 13-15).

- (2) The Review Board shall meet at least quarterly at a time and place determined by the Review Board, and at such other times as requested by the Division. Meetings may be called by the Division or Chairperson with ten (10) days notice. The requirement of a 10-day advance notice may be waived by agreement of a majority of the Review Board.
- (3) The quorum for a meeting shall be a majority of the Review Board. If a quorum is not present, the meeting shall be adjourned until a date designated by the Chairperson or Division.
- (4) The Review Board shall review only complete applications.

#### C. Removal of Review Board members

- (1) A Review Board member may be removed from office if found to be in violation of any of the rules and/or regulations contained herein.
- (2) A Review Board member may be removed from office if his/her certification or licensure is no longer in good standing.
- (3) A Review Board member must disqualify himself/herself from any Review Board business on which

he/she may not make an objective evaluation and/or decision.

- (4) A Review Board member subject to disciplinary action, as defined in Chapter 8, pp. 30-32, shall disqualify himself/herself from any Review Board business until the complaint is resolved.
- (5) Absence of a Review Board member from three consecutive meetings of the Review Board may constitute grounds for removal from office.
- (6) Action by either the Executive Director if the Department of Mental Health or a majority of the Review Board members with the approval of the Executive Director is necessary to remove a Review Board member from office.

### **Section 3: Executive Director of the Department of Mental Health (Executive Director)**

- A. The Executive Director, or his designee, shall appoint members to the Review Board.
- B. The Executive Director, or his designee, shall review and approve/disapprove Review Board recommendations to award professional certification/licensure to individual Applicants.
- C. The Executive Director, or his designee, shall review and make decisions regarding Review Board actions relating to denial of professional licensure or the imposition of sanctions if appealed by the Applicant or Licensee. See Chapter 4, Section 6, pp. 18-19 and Chapter 8, Section 5, p. 32.

### **Section 4: State Board of Mental Health (Board)**

- A. During the administrative appeal process, an Applicant or a Participant may appeal the decision of the Executive Director to

the State Board of Mental Health. See Chapter 4, Section 6, pp. 18-19.

- B. During the disciplinary appeal process, a Licensee may appeal the decision of the Executive Director to the State Board of Mental Health. See Chapter 8, Section 5, p. 32.

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## CHAPTER 3

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### Pre-Licensure and Licensure Requirements

#### Section 1: General Provisions

- A. Professional licensure as a Licensed Mental Health/Mental Retardation Administrator issued by the Mississippi Department of Mental Health is designed primarily for administrators of programs which provide services to individuals with mental illness and/or mental retardation and which meet at least one of the following programmatic qualifications:
- (1) Programs which receive funding from or are programmatically certified/licensed or administered by the Mississippi Department of Mental Health, which are governed by the Mississippi Board of Mental Health;
  - (2) Programs that provide services to persons with mental illness and/or mental retardation that are designated by the Mississippi Legislature to require professional licensure; or,
  - (3) Programs primarily providing services to individuals with mental illness and/or mental retardation which are licensed by the Mississippi Department of Health, as well as programmatically certified/licensed by the Mississippi Department of Mental Health.
- B. Individuals who hold another applicable administrative credential are not required to hold DMH professional licensure as a requisite for employment in programs described in Chapter 3, Section 1, A., p. 6.
- C. DMH professional licensure does not exempt an individual from any other professional licensure required by state law.
- D. Lack of DMH professional licensure does not impede the activities or services of an individual professionally licensed under state law.
- E. A professionally credentialed individual who is exempt from DMH professional licensure but chooses to obtain DMH professional licensure is subject to the same rules and regulations as other Licensees.
- F. Revocation for cause of any professional certification/ licensure may result in disciplinary action and/or revocation by the DMH.
- G. An individual may apply for more than one DMH professional certification/licensure (MH/MR Administrator, Mental Retardation Therapist, Mental Health Therapist, etc.); however, each application should be submitted separately, including separate official transcripts, application forms, payment of application fees, etc.
- H. Mississippi Department of Mental Health professional licensure shall not be required and shall be on a voluntary basis.

#### Section 2: Target Population

Licensure as a Mental Health/Mental Retardation Administrator and the application process for this license is designed for individuals who:

- A. Currently hold positions as the top-level administrator of programs as described in Chapter 3, Section 1, A., p. 6; or,
- B. Currently are employed in programs as described in Chapter 3, Section 1, A., p. 6, and who demonstrate the potential for future advancement into positions as top-level program administrators.

### Section 3: Pre-Licensure Requirements

A. To be eligible for admission into the MH/MR Administrator Licensure program, each Applicant must submit a complete application for the review and approval/disapproval of both the Review Board and the Executive Director indicating that he/she meets the following requirements:

- (1) Employment: Employment in a program described in Chapter 3, Section 1, A., p. 6 in an appropriate position as indicated in Chapter 3, Section 2, p. 6;
- (2) Education: A minimum of a master's degree (at least a 30 semester hour program) in Mental Health, Mental Retardation, Alcohol and Substance Abuse, Business Administration, Accounting, Public Policy Administration or a related field from an approved educational institution;
- (3) Experience: At least four (4) years of supervised experience in the field of mental health and/or mental retardation, at least two (2) of which must have been in the State of Mississippi and at least two (2) of which must have been in an administrative position;
  - (a) Supervisor: A supervisor should be the Applicant's immediate supervisor and shall not be a member of the Applicant's immediate family.
  - (b) Acceptable Experience: All experience requirements are based on full-time, 40 hour per week work experience. While individuals with part-time experience are welcome to apply, they should report work experience that is the equivalent to a 40 hour per week work experience. The Review Board

will review each application and make decisions regarding part-time experience on a case-by-case basis.

- (c) Administrative Position: For the purposes of this professional credential, an administrator must have program-wide, county-wide or state-wide responsibilities and authority. Experience in an administrative position should include, but not be limited to, tasks such as hiring, evaluating, rewarding, and firing employees; program policy development; supervision of multiple staff; budget development and oversight; implementation of large-scale programmatic activities, etc.

- (4) Sponsorship: A Sponsor as described in Chapter 3, Section 4, pp. 8-9; and,

- (5) Letters of Support: Submission of three (3) letters of support, with the following considerations:

- (a) At least two (2) letters of support must be from employers, current or former;
- (b) One (1) letter of support may be a character reference from a non-employer; and,
- (c) Letters of support may not be submitted by any member of the Applicant's immediate family.

B. Upon meeting these criteria, as determined by the Review Board and the Executive Director, the Applicant will be granted admission to the program and will be designated as a MH/MR Administrator Licensure Program Participant (Participant).

## **Section 4: Sponsorship**

### **A. Sponsor Qualifications**

In order to serve as a Sponsor, an individual must meet at least one of the following qualifications:

- (1) Hold a current position as a director/executive director (top-level administrator) of a program as described in Chapter 3, Section 1, A., p. 6, with at least three (3) years of administrative experience in the State of Mississippi; or
- (2) Hold a current position as the Chair of a governing Board or Commission of a program as described in Chapter 3, Section 1, A., p. 6; or
- (3) Hold current licensure as a MH/MR Administrator. See Chapter 3, Section 6, B., (1), p. 14 for a description of current licensure status.

### **B. Sponsor Responsibilities**

When sponsoring an Applicant for DMH MH/MR Administrator Licensure, the Sponsor is understood to agree to the following responsibilities upon the Applicant's admission to the program and designation as a Participant:

- (1) To maintain contact with the Participant and oversee the progress of the Participant's work toward obtaining licensure;
- (2) To serve as a resource to the Participant during the period of Independent Study and Training (See Chapter 3, Section 5, pp. 9-13), including providing assistance, if needed, in locating appropriate copies of rules, regulations, standards, etc.; and,
- (3) To review and sign all progress reports submitted by the Participant to the

Division indicating the Participant's progress/work/activity toward licensure. Equitable timeframes for submitting progress reports will be established by the Division for each Participant. See Chapter 3, Section 5, C. and D., pp. 11-12 for more information on submission of progress reports.

- (4) In the event that the Participant fails any written examination twice, the Sponsor and the Participant will be required to submit and complete a plan for remedial study as indicated in Chapter 3, Section 5, B., pp. 10-11.
- (5) A qualified individual may not serve as the Sponsor of more than five (5) Participants simultaneously. However, if there is an emergency need to sponsor more than is indicated, the Review Board may grant a waiver, at the next regularly scheduled meeting, upon receipt of a written request from both the Applicant and Sponsor.

### **C. Participant Responsibilities**

When applying for admission to the DMH MH/MR Administrator Licensure program, the Applicant is understood to agree to the following responsibilities regarding his/her Sponsor upon the Applicant's admission to the program and designation as a Participant:

- (1) Participants must keep their Sponsor apprized of their progress/work/activity toward licensure and must obtain their Sponsors' original signatures on all submitted progress reports. See Chapter 3, Section 5, C., (1), p. 11.
- (2) Participants must make all reasonable effort to maintain consistent progress toward licensure, recalling that default from the program affects both the

Participant and the Sponsor. See Chapter 3, Section 5, D., (1), p. 12.

- (3) Participants must keep the Sponsor apprized of any situation which would require the Participant and Sponsor to make a written request for "inactive" Participant status. See Chapter 3, Section 5, D., (1), (e), p. 12 and Chapter 3, Section 6, A., (2), p. 13 for more information on "inactive" Participant status.
- (4) In the event that a Participant is separated from his/her Sponsor (due to the extended illness/death of the Sponsor, separation of the Sponsor from appropriate employment, Sponsor disqualification, etc.,) the Participant must seek the sponsorship of another qualified Sponsor. The Participant and new Sponsor must notify the Review Board in writing of the change including the name, title and effective date of the new Sponsor.

#### D. Sponsor Disqualification

A Sponsor shall no longer be considered qualified to serve as a Sponsor in the following instances;

- (1) If the Sponsor leaves appropriate employment as indicated in Chapter 3, Section 1, A., p. 6.
- (2) If the Sponsor leaves his/her seat on the governing Board or Commission of a program as described in Chapter 3, Section 1, A., p. 6.
- (3) If the Participant defaults due to inactivity, as described in Chapter 3, Section 5, D., (1), p. 12, the Sponsor will not be considered as qualified to serve as a Sponsor for a period of one (1) year from the date of default.
- (4) If the Sponsor is found to be in violation of any of the rules and/or regulations governing Sponsorship of

the MH/MR Administrator Licensure program.

- (5) If the Sponsor is found guilty of any of the offenses referred to in Chapter 8, Section 1, p. 30.
- (6) If the Sponsor has any other professional certification/licensure revoked for cause;
- (7) Determination by the Court of mental incompetency.

### Section 5: Licensure Requirements

#### A. Independent Study and Training

Once admitted to the program, the Participant is expected to complete a program of Independent Study and Training with successful completion of the following:

- (1) The Mississippi Certified Public Manager Program (MS-CPM) as made available through the Mississippi State Personnel Board; and,
  - (a) Successful completion of the MS-CPM program is required. In order to receive the designation of Certified Public Manager, Participants must complete:
    - Six levels of core courses entitled, "Managing Government in Mississippi;"
    - Two outside readings;
    - Professional development electives (30 hours);
    - Selected required electives (58 hours);
    - Three job-related projects;
    - An Executive Seminar; and,
    - Examinations on core courses.

- (b) The Participant is responsible for contacting the Mississippi Certified Public Manager Program for information on application, required fees, etc. Contact information for the MS-CPM program is as follows:

Certified Public Manager Program  
State Personnel Board

- (c) The Participant is responsible for completion and submission of all required forms for the MS-CPM program as well as payment of all required fees. It is permissible for an individual's place of employment to pay for all or part of the MS-CPM program.
- (2) Written examinations (total of six (6)) on each of the following rules, regulations, standards, etc.:
  - (a) Mississippi Department of Health Minimum Standards of Operation for Psychiatric Hospitals
  - (b) Mississippi Department of Health Licensing Regulations for Psychiatric Residential Treatment Facilities
  - (c) Mississippi Department of Health Minimum Standards of Operation for Mississippi Hospitals – Chemical Dependency Units
  - (d) Mississippi Department of Health ICF/MR Standards
  - (e) Mississippi Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services

- (f) Mississippi Department of Health Minimum Standards of Operation for Institutions for the Aged or Infirm

## B. Examination and Re-Examination

### (1) Examination

- (a) Written examinations, as described in Chapter 3, Section 5, A., (2), p. 10, will be administered on the first Monday of each month. When the first Monday falls on a State-observed holiday, examinations will be administered on the second Monday.
- (b) Examinations will only be administered to individuals who have been admitted into the DMH MH/MR Administrator licensure program (Participants).
- (c) A Participant who wishes to register for an examination should notify the Division in writing at least ten (10) working days prior to the examination date, clearly indicating which exam(s) he/she wishes to take. The appropriate fee per exam must accompany the written notification of registration.
- (d) Each examination will cover one of the documents listed under Chapter 3, Section 5, A., (2), p. 10. Each test is limited to two (2) hours.
- (e) The required written examinations may be taken at any time during the period of Independent Study and Training and in any order preferred by the Participant.
- (f) There are no restrictions as to the combinations of examinations a Participant may sit for per test date. However, any tests for which a Participant has registered



must be completed within the office hours of 8:00 a.m. to 5:00 p.m.; therefore, a Participant may not sit for more than four (4) tests per test date.

- (g) A Participant has two opportunities to successfully complete each written examination without meeting additional requirements.
- (h) Successful completion of all required examinations (or official waiver as indicated in Chapter 3, Section 5, E., (2), p. 13) is necessary for a Participant to obtain licensure as a DMH MH/MR Administrator.
- (i) The established Examination Fee (\$15.00) is applicable per administration of examination.

## (2) Re-Examination

- (a) To register for re-examination, a Participant should follow the same procedures as indicated in Chapter 3, Section 5, B., (1), (c), p. 10.
- (b) If any written examination is failed twice, the Participant and his/her Sponsor will be required to submit a written plan of remedial study to the Review Board for approval. The Applicant and the Sponsor will be required to complete the approved plan of remedial study prior to the Applicant's registration for re-examination.
- (c) Upon completion of the program for remedial study, a Participant may register and sit for re-examination two (2) more times. Payment of the Examination Fee is required for each administration of each examination at the time of registration.

(d) No Participant may sit for a specific examination more than four (4) times.

(e) A Participant who fails any written examination four (4) times is considered to have defaulted from the program. See Chapter 3, Section 5, D., p. 12 for more information on default.

## C. Progress Reports

- (1) During the period of Independent Study and Training, the Participant is required to submit progress reports to the Division indicating the Participant's progress through the MS-CPM program. Each progress report must bear the original signature of the Participant's Sponsor.
- (2) Equitable timeframes for submitting progress reports will be established by the Division for each Participant.
- (3) Failure to file progress reports within timeframes established by the Division shall be considered to be inactivity for the purposes of default.
- (4) Progress reports indicating awarding of a Certificate of Supervisory Management (CSM) or designation as a Certified Public Manager (CPM) through the Mississippi Certified Public Manager Program must be accompanied by a photocopy of the certificate.
- (5) After achieving CPM designation, no further progress reports are required.
- (6) During the period of Independent Study and Training, each Participant's progress through the six (6) required written examinations will be maintained by the Division. The submission of progress reports is not required for this activity toward licensure.

#### D. Default

- (1) There is no established deadline by which the program of Independent Study and Training must be completed; however, progress toward licensure will be monitored by the Division. Failure to make progress (inactivity) toward licensure whether by inactivity in the MS-CPM program or by failure to sit for written examinations shall result in the following:
  - (a) Inactivity for twelve (12) months shall result in a letter of warning sent to both the Participant and Sponsor;
  - (b) Inactivity for eighteen (18) months shall result in a letter indicating impending default from the program sent to both the Participant and Sponsor and change of the program Participant's status to "probationary."
  - (c) After inactivity for twenty-four (24) months, the Participant shall be considered to have defaulted. The Participant shall be removed from the program and the Sponsor will not be considered as qualified to serve as a Sponsor for a period of one (1) year from the date of default. A letter indicating such will be sent to both the Participant and Sponsor.
  - (d) Failure to file progress reports within timeframes established by the Division shall be considered to be inactivity for the purposes of default.
  - (e) Upon written request by both the Participant and the Sponsor, the Review Board may grant "inactive" Participant status to a Participant in extenuating circumstances such as extended illness, accident, maternity leave, etc. This status is necessary to prevent default due to inactivity.
- (2) Any Participant who has failed any written examination four (4) times shall be considered to have defaulted.
- (3) Any Participant who has defaulted from the program may re-apply for admission to the program after waiting one full year from the official date of default. This individual will be required to repeat the entire application process, including submission of all forms and payment of all fees, and meet all current licensure requirements.

#### E. Waivers of Licensure Requirements

- (1) Waiver of Mississippi Certified Public Manager Program (MS-CPM)
  - (a) A Participant who completed the MS-CPM program and received CPM designation prior to his/her admission to the MH/MR Administrator Licensure program is not expected to repeat the CPM program, regardless of the date of completion. The Participant should submit a letter to the Division indicating previous completion of this requirement and either official correspondence from the MS-CPM program confirming CPM status or a copy of the certificate attesting to the title of Certified Public Manager.
  - (b) An individual who has obtained the Certificate of Supervisory Management is not expected to repeat that training, but will be expected to complete the remainder of the MS-CPM program and obtain CPM designation. The Participant should submit a letter to the

Division indicating previous completion of the CSM portion of the MS-CPM program and either official correspondence from the MS-CPM program confirming CSM status or a copy of the Certificate of Supervisory Management.

- (c) An individual who has completed a Certified Public Manager Program in a state other than Mississippi within the National Certified Public Manager Consortium (Alabama, Alaska, Arkansas, Arizona, Florida, Georgia, Kansas, Kentucky, Louisiana, Mississippi, New Hampshire, New Jersey, North Carolina, South Carolina, Oklahoma, Texas, USDA, Utah, Wisconsin) is not expected to repeat the CPM program. The Participant should submit a letter to the Division indicating previous completion of this requirement and a copy of the certificate attesting to the title of Certified Public Manager.

(2) Waiver of Required Examination

An individual holding a current Nursing Home Administrator License may seek a waiver from the examination on the Mississippi Department of Health Minimum Standards of Operation for Institutions for the Aged or Infirm. Such individuals should submit a written request for waiver to the Review Board, including a copy of their NHA license and renewal certificate showing current licensure status.

## Section 6: Participant and Licensure Status

### A. Participant Status

- (1) Current: An individual Participant who continues to be employed in a program as described in Chapter 3, Section 1, A., p. 6 and who is in good standing, including timely submission of all progress reports, forms, fees, changes of information, etc., and without sanctions, will be considered to be current. Any Participant shall notify the Division in writing within 14 days of a change in vital information such as address, name, employment, etc. An individual's name and address will not appear on any roster/list produced by the Division unless the individual has current status when the roster/list is compiled.
- (2) Inactive: Upon written request by both the Participant and the Sponsor, the Review Board may grant "inactive" Participant status to a Participant unable to continue progress toward licensure due to extenuating circumstances such as extended illness, accident, maternity leave, etc. This status is necessary to prevent default.
- (3) Probationary: Program Participants who show no progress toward licensure for eighteen (18) months shall be considered to be on probationary status. Designation of probationary status shall be made by the Review Board.
- (4) Defaulted: Program Participants who show no progress toward licensure for twenty-four (24) months or who fail any written examination four (4) times shall be considered to have defaulted from the program. Designation of defaulted status shall be made by the Review Board.

- (5) Denied: The Review Board may deny initial application for admission to the licensure program and designation as a program Participant for the following reasons, including, but not limited to: lack of applicable employment; lack of appropriate educational degrees; lack of required experience; lack of a qualified Sponsor; failure to produce appropriate letters of support; unacceptable practice of the Applicant; or violation of ethical standards.

- (6) For status categories pertaining to disciplinary action, please refer to Chapter 3, Section 6, C., p. 15.

#### B. Licensure Status

- (1) Current: An individual Licensee who continues to be employed in a program as described in Chapter 3, Section 1, A., p. 6 and who is in good standing, including timely submission of all forms, fees, changes of information, etc., and without sanctions, will be considered to be current. Any Licensee shall notify the Division in writing within 14 days of a change in vital information such as address, name, employment, etc. An individual's name and address will not appear on any roster/list produced by the Division unless the individual has current status when the roster/list is compiled.
- (2) Inactive: Upon written request and timely submission of the renewal application form and Renewal Fee, the Review Board may grant a Licensee inactive status. Inactive status may be granted to a Licensee in good standing who is leaving employment in an applicable program as described in Chapter 3, Section 1, A., p. 6 but who wishes to maintain their professional licensure (Examples: internship, medical treatment, drug

treatment, education, retirement, extended leave of absence). Licensees who are granted inactive status are required to renew in a timely manner. A person on inactive status may be returned to current status upon written request accompanied by proof of employment in an applicable program and the required continuing education contact hours as deemed necessary by the Review Board.

- (3) Lapsed: Upon failure to renew professional licensure in a timely manner and failure to make a request for inactive status, an individual's licensure expires and is considered to be lapsed. To return to current status, an individual would be required to repeat the application process and meet all current professional licensure requirements. See Chapter 5, Section 5, p. 22 for timelines pertaining to expiration.
- (4) Retired: Upon retirement, the retired Licensee may submit a written request to the Review Board requesting the granting of retired status. The Licensee with retired status may no longer be employed in a program as described in Chapter 3, Section 1, A., p. 6. The individual granted this status is no longer required to meet biennial renewal requirements and is permitted to keep his/her certificate.
- (5) Relinquished: A Licensee who determines that he/she no longer wants/needs to hold and maintain professional certification /licensure may submit a written request to the Review Board requesting relinquished status. The written request must be accompanied by the individual's original certificate attesting to the title relinquished.
- (6) Denied: The Review Board may deny application for licensure and designation as a Licensee or

application for licensure renewal for the following reasons, including, but not limited to: failure to submit required forms; failure to acquire necessary inservice/training contact hours; failure to take and pass required examinations; unacceptable practice of the Participant/Licensee; or violation of ethical standards.

- (7) For status categories pertaining to disciplinary action, please refer to Chapter 3, Section 6, C., p. 15.

C. Disciplinary Status (Applicable to both Participant and Licensee)

- (1) Limited: The Review Board, as a result of disciplinary action as defined in Chapter 8, pp. 30-32, may choose to restrict or limit a Participant's/Licensee's practice. To return to current status, an individual with a limited licensure would be required to meet all requirements as determined to be necessary by the Review Board and/or Executive Director.
- (2) Suspended: The Review Board, as a result of disciplinary action as defined in Chapter 8, pp. 30-32, may choose to invalidate a Participant's/Licensee's certificate for any period of time. The individual's certificate shall be turned over to the Division for the period of suspension. To return to current status, an individual with a suspended licensure would be required to meet all requirements as determined to be necessary by the Review Board and/or Executive Director.
- (3) Surrendered: A Participant/Licensee, as a result of disciplinary action as defined in Chapter 8, pp. 30-32, may request surrendered status. The Participant's/Licensee's request for surrendered status is subject to the approval of the Review Board and/or Executive Director. The surrendered

certificate shall be turned over to the Division. To return to current status, an individual with a surrendered licensure would be required to meet all requirements as determined to be necessary by the Review Board and/or Executive Director.

- (4) Revoked: The Review Board may revoke an individual's license as a result of disciplinary action as defined in Chapter 8, pp. 30-32. Once professional licensure is revoked, the individual must return his/her certificate to the Division. Following the period of revocation established by the Review Board, the individual may reapply for licensure by repeating the application process, meeting all current professional licensure requirements.

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## CHAPTER 4

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### Application Procedure

#### Section 1: Phases of the Application Process

##### A. Applicant Phase

- (1) Applicant submits to the Division a complete application for admission to the Mental Health/Mental Retardation Administrator Licensure program.
- (2) Application materials are reviewed by the Division for completeness.
- (3) Complete applications are forwarded by the Division to the Review Board for review.
- (4) Applications recommended for approval by the Review Board go to the Executive Director for review and approval/disapproval.
- (5) Upon approval of the Executive Director, the Applicant is notified in writing of his/her admission to the program and his/her new designation as a program Participant.

##### B. Participant Phase

- (1) After admission to the program, the Participant completes all Licensure Requirements. See Chapter 3, Section 5, pp. 9-13.
- (2) Progress reports are submitted to the Division by the Participant in accordance with the timeframe established by the Division. They are reviewed by the Division for completeness. See Chapter 3, Section 5, C. and D., pp. 11-12 for more information on progress report requirements.

- (3) Upon successful completion of all Independent Study and Training requirements, the Participant's complete file (including material submitted with original application, progress reports and related documentation) is submitted to the Review Board for review and a recommendation of approval/disapproval.
- (4) Participant files recommended for approval go to the Executive Director for review and approval/disapproval.
- (5) Upon approval of the Executive Director, the Participant is notified in writing of his/her successful completion of the program and his/her new designation as a Licensee. Each such Licensee will be awarded a certificate attesting to the professional title of Licensed Mental Health/Mental Retardation Administrator (LMH/MRA).

#### Section 2: Application for Program Admission

##### A. Required Application Materials

An individual applying for licensure as a Mental Health/Mental Retardation Administrator shall submit to the Division the following:

- (1) A completed, notarized Application Form;
- (2) A completed Verification of Employment Form;
- (3) Official transcript(s) from an approved educational institution(s) reflecting a master's degree (at least a 30 semester hour program) in Mental Health, Mental Retardation, Alcohol and Substance Abuse, Business Administration, Accounting, Public Policy Administration or a related field;

- (4) A completed Verification of Experience Form(s) reflecting at least four (4) years of supervised experience in the field of mental health and/or mental retardation, two (2) of which must be in the State of Mississippi and two (2) of which must have been administrative experience;
- (5) At least three letters of support which meet the specifications indicated in Chapter 3, Section 3, A., (5), p. 7; and,
- (6) A non-refundable \$75.00 Application Fee made payable to the Mississippi Department of Mental Health.

**Note:** This fee includes administrative costs incurred by the Division over the approximate two years it would take a Participant to complete the program of Independent Study and Training, the remainder of the first two-year licensure period once licensure has been attained and the cost of the certificate.

#### B. Submission of Application Packet

- (1) Items 1-6, indicated in Chapter 4, Section 2, A., pp. 16-17, should be completed by the appropriate person(s) indicated on the form(s), collected by the Applicant and submitted together in one application packet to the Division.
- (2) Items 2-5, indicated in Chapter 4, Section 2, A., pp. 16-17, should be sent in sealed envelopes with a signature across the seal that matches the signature on the document inside the envelope. Signatures on the envelopes and forms will be verified by the Division. Item 3, the official transcript, must be submitted in the envelope provided by the approved educational institution when given to the Applicant.

- (3) If necessary, the official transcript (Item 3) may be submitted to the Division directly by the approved educational institution.
- (4) An individual may apply for more than one DMH professional certification/licensure (MH/MR Administrator, Mental Retardation Therapist, Mental Health Therapist, etc.); however, each application packet should be submitted separately, including separate official transcripts, application forms, payment of application fees, etc.

#### C. Responsibility for Application

- (1) The responsibility for submitting a complete application is that of the Applicant.
- (2) The Review Board will not review incomplete applications. See Chapter 2, Section 2, B., (4), p. 4.

### Section 3: Verification of Background Check

- A. As part of the application (Verification of Employment Form), Personnel Officers will be required to indicate whether or not background checks have been conducted for each Applicant, as appropriate to the Applicant's position and professional responsibilities.
- B. With specific areas of interest being conviction of a crime or conviction of a felony relating to the abuse or mistreatment of other individuals, the verification of background checks should include:
  - (1) Convictions under the Vulnerable Adults Act;
  - (2) Child Abuse Registry;
  - (3) Sex Offense Record;

- (4) Criminal Record;
- (5) Motor Vehicle Registry; and,
- (6) Others, as appropriate to the Applicant's position and professional responsibilities.

#### **Section 4: Application Review**

- A. Each complete application will be subject to the review of the Professional Licensure and Certification Review Board and the review and approval/disapproval of the Executive Director of the Department of Mental Health for the following purposes:
  - (1) As an Applicant, for the purpose of approving/disapproving application for admission into the MH/MR Administrator Licensure program; and,
  - (2) As a Participant, for the purpose of approving/disapproving licensure upon the Participant's completion of the Independent Study and Training requirements.
- B. Each Applicant/Participant will receive written notification of the results of the review process regarding their application within sixty (60) days of the Review Board meeting.

#### **Section 5: Terms of Certificate Issuance**

- A. Participants making successful application for DMH Mental Health/Mental Retardation Administrator Licensure will be awarded a certificate attesting to the title of Licensed Mental Health/Mental Retardation Administrator (LMH/MRA).
- B. The licensure period for the MH/MR Administrator professional licensure program shall be a two-year period established by the Division. The first licensure period shall be January 1, 1998 through December 31, 1999. Subsequent two-year licensure periods shall be

January 1, 2000 through December 31, 2001; January 1, 2002 through December 31, 2003; January 1, 2004 through December 31, 2005; etc.

- C. Certificates issued by DMH reflecting licensure as a Licensed MH/MR Administrator are valid for the two-year licensure period established by the Division. The first established deadline for renewal is December 31, 1999. Subsequent deadlines for renewal will be every other year, such as December 31, 2001; December 31, 2003; December 2005; etc. Renewal of professional licensure is required on or before the established December 31<sup>st</sup> renewal deadline in order to maintain current status.

#### **Section 6: Administrative Appeal**

- A. An individual aggrieved by a decision regarding the initial application for professional licensure, default of a program Participant or the application for renewal of professional licensure has the right to appeal to the Executive Director. The individual must notify the Division and provide any supplemental application information within thirty (30) days of receipt of written notification of application review results.

The Executive Director shall review the application and supplemental information, if provided, and notify the individual of the results of this review within thirty (30) days.

- B. An individual aggrieved by the decision of the Executive Director may then appeal to the State Board of Mental Health. The individual must notify the Division within fifteen (15) days of receipt of written notification of the Executive Director's decision.

The State Board of Mental Health shall review the individual's record and notify



the individual of the results of this review  
within forty-five (45) days.

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## CHAPTER 5

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### Renewal Procedure

#### Section 1: Biennial Renewal Requirements

##### A. Timely Submission of Renewal Application

- (1) In accordance with the two-year licensure period established by the Division, Licensees shall renew professional certification/licensure on or before the established December 31<sup>st</sup> renewal deadline in order to maintain current status. The first established deadline for renewal is December 31, 1999; subsequent deadlines for renewal will be every other year, such as December 31, 2001; December 31, 2003; December 31, 2005; etc.

- (2) The responsibility for timely renewal is that of the Licensee. Failure to receive a notification of renewal shall not relieve the Licensee from renewal requirements, including that of timely renewal.

##### B. Employment

- (1) A Licensee applying for renewal must continue to be in the employ of a program as described in Chapter 3, Section 1, A., p. 6.
- (2) If the Licensee applying for renewal is no longer in the employ of a program as described in Chapter 3, Section 1, A., p. 6, he/she must have inactive status as described in Chapter 3, Section 6, B., (2), p. 14.

##### C. Ongoing Inservice/Training

###### (1) Requirements

- (a) A Licensee applying for renewal must provide proof of a minimum

of 40 contact hours of successfully completed ongoing inservice/training (approximately 20 contact hours per year) as verified by the Staff Development Officer at the Licensee's place of employment.

- (b) In order to be applicable for renewal, reported contact hours must have been accrued during the immediately preceding two-year licensure period.
- (c) A suggested form for reporting ongoing inservice/training contact hours is included in Chapter 9; however, staff development reporting forms currently in use by programs are acceptable as long as they contain the same information.

###### (2) Contact Hour Options

- (a) Contact hours may be accrued through staff development inservice/training provided through the Licensee's place of employment (including DMH-required training as indicated in the *Minimum Standards for Community Mental Health/Mental retardation Services*), DMH-sponsored training events, or other conferences/workshops/CEUs/etc., approved by the Division.
- (b) Up to one-half of the required minimum number of contact hours (20 of the required 40 minimum contact hours) may be obtained by presenting ongoing inservice/training activities.
- (c) Additional hours of graduate-level college credit in mental health/mental retardation/management-related courses from an approved educational institution may also be reported as ongoing inservice/training. These hours must have

been attended and successfully completed during the immediately preceding two-year licensure period. An official college transcript(s) should accompany the Verification of Ongoing Inservice/Training Form(s) reporting such training experiences, but may be received directly from the approved educational institution, if necessary. One three semester hour applicable college course shall be considered to be the equivalent of 30 contact hours.

## **Section 2: Renewal Application Procedure**

### **A. Required Renewal Application Materials**

Every Licensee who desires to renew professional licensure shall submit to the Division:

- (1) A completed, notarized Renewal Application Form;
- (2) A completed Verification of Employment Form;
- (3) A completed Verification of Ongoing Inservice/Training Form(s) verifying a minimum of 40 contact hours;
- (4) **(Optional)** Official transcript(s) from an approved educational institution reflecting graduate-level work if claiming this coursework as training on the Verification of Ongoing Inservice/Training Form; and,
- (5) A non-refundable \$50.00 Renewal Fee made payable to the Mississippi Department of Mental Health.

### **B. Renewal Application Packet**

- (1) The items listed in Chapter 5, Section 2, A., p. 21 should be completed by the appropriate persons(s) indicated on the form(s), collected by the

Applicant and submitted together in one application packet to the Division.

- (2) Items 2-4 should be sent in sealed envelopes with a signature across the seal that matches the signature on the document inside the envelope. Signatures on the envelopes will be verified by the Division. If submitted, the official transcript (Item 4) should be in the original envelope provided by the approved educational institution when given to the Licensee.
- (3) If necessary, the official transcript (Item 4) may be submitted to the Division directly by the approved educational institution.
- (4) If an individual holds more than one DMH professional certification/ licensure, each one must be renewed separately by submitting separate renewal application packets, including renewal application forms and the payment of renewal fees.

### **C. Responsibility for Renewal Application**

- (1) The responsibility for submitting a complete renewal application is that of the Licensee seeking renewal.
- (2) The Review Board will not review incomplete renewal applications. See Chapter 2, Section 2, B., (4), p. 4.

## **Section 3: Renewal Application Review**

- A. Each complete renewal application will be subject to the review of the Professional Licensure and Certification Review Board and the review and approval/disapproval of the Executive Director of the Department of Mental Health.
- B. Each Licensee will receive written notification of the results of the review process regarding their renewal application within sixty (60) days of the Review Board meeting.

#### **Section 4: Terms of Certificate Renewal**

- A. Licensees making successful application for licensure renewal will receive a renewal document indicating their continued professional licensure.
- B. The terms of certificate issuance continue to be applicable to the renewed certificate. See Chapter 4, Section 5, p. 18.
- C. The terms of administrative appeal are applicable to the renewal process. See Chapter 4, Section 6, p. 18-19.

#### **Section 5: Expiration of Professional Licensure**

##### **A. Expiration Timeline**

- (1) December 31<sup>st</sup>: Licensure as a Mental Health/Mental Retardation Administrator expires after the December 31<sup>st</sup> renewal deadline for each two-year licensure period. Renewal application forms and renewal fees are all due on or before December 31<sup>st</sup>.
- (2) January 1<sup>st</sup>: The status of all unexpired certificates will be changed to lapsed on January 1<sup>st</sup>. See Chapter 3, Section 6, B., (3), p. 14 for more information on "lapsed" status.
- (3) January 31<sup>st</sup>: Through January 31<sup>st</sup>, professional licensure that has lapsed due to failure to renew may be returned to current status upon submission to the Division of all required renewal application forms/materials, payment in full of the Renewal Fee plus payment of a Late Renewal Penalty Fee equal to one-half of the Renewal Fee.
- (4) February 1<sup>st</sup>: On and after February 1<sup>st</sup>, an individual whose professional licensure has lapsed due to failure to renew will be required to repeat the entire application process, including

submission of all forms and payment of all fees, and meet all current licensure requirements in order to return to current status.

##### **B. Certificate**

An individual's certificate ceases to be valid after December 31<sup>st</sup>, unless the individual has met all requirements before that date and is waiting to receive a renewal document.

##### **C. Department of Human Services Report**

In accordance with state law, those individuals who have allowed their professional licensure to lapse will be reported accordingly to the Department of Human Services Division of Child Support Enforcement.

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## CHAPTER 6

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### Fees

#### Section 1: Fee Schedule

The schedule for professional licensure fees is:

A. Application Fee: \$75.00

**Note:** (This fee includes approximately two years of working toward licensure, the remainder of the first two-year licensure period once licensure has been attained and the cost of the certificate.)

B. Examination Fee: \$15.00 (per exam)

C. Renewal Fee: \$50.00 (every two years)

D. Reexamination Fee: \$14.00 (per exam)

E. Certificate Replacement Fee: \$25.00

F. Late Renewal Penalty Fee: \$25.00

G. Roster Publication Fee: \$35.00

H. Non-Sufficient Funds Fee: \$25.00

#### Section 2: General Provisions

A. All fees paid related to DMH professional certification/licensure are nonrefundable.

B. Fees shall be paid in full with a check or money order made payable to the Mississippi Department of Mental Health.

C. No application for professional licensure, application for renewal of professional licensure or registration for reexamination shall be considered complete unless accompanied by the required fees.

#### Section 3: Examination Fees

A. Each Participant shall sit for six (6) written examinations as indicated in Chapter 3, Section 5, A., (2) and B., pp.

10-11. Registration for each examination includes receipt of the \$15.00 fee per examination. Registration, including the Examination Fee should be received by the Division at least 10 days prior to the date of the examination.

B. An individual repeating an examination must pay the required Reexamination Fee of \$15.00 per examination.

C. Upon twice failing an examination, an individual is required to submit and implement a plan for remedial study. Upon completion of the approved study plan, an individual may sit for the examination a maximum of two more times, including payment of the \$15.00 Reexamination Fee per examination.

D. If the Participant fails to appear for a scheduled examination or reexamination, fees paid shall be forfeited.

#### Section 4: Certificate and Certificate Replacement

A. Certificate charges are included in the initial Application Fee.

B. Except in the cases of surrender, suspension or revocation of licensure, a Licensee may remain in possession of the issued certificate as long as biennial renewal requirements are met, including timely payment of the Renewal Fee and the Late Renewal Penalty Fee (if applicable).

C. The Division shall replace a lost or damaged certificate if the Licensee provides:

(1) The remnants of the original certificate (if damaged); or,

(2) The original certificate and copy of legal documents (for a name change); or,

- (3) A notarized statement (if the certificate has been lost, stolen, or totally destroyed); and,
  - (4) Payment of the required \$25.00 Certificate Replacement Fee.
- D. A certificate containing a printing error shall be replaced free of charge upon receipt by the Division of a written request and the incorrectly printed certificate.

#### **Section 5: Late Renewal Penalty**

During the month of January, a Licensee submitting a late renewal application shall pay a Late Renewal Penalty Fee equal to one-half of the Renewal Fee (\$25.00). See Chapter 5, Section 5, A., (3), p. 22.

#### **Section 6: Requests for Roster of Licensees**

- A. The roster of current Licensees shall be updated annually and made available upon written request and payment of the required publication fee.
- B. The roster shall be made available to Mississippi state agencies upon request at no cost.
- C. Any other individual or organization interested in obtaining a roster shall submit a written request and the required Roster Publication Fee of \$35.00.

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## CHAPTER 7

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### Professional Responsibilities

#### Section 1: Scope of Practice

A. Licensed Mental Health/Mental Retardation Administrators are licensed to oversee/supervise/administer the provision of services involving the application of the principles, methods, and procedures of mental health/mental retardation service within the following:

- (1) Programs which receive funding from or are programmatically certified/licensed or administered by the Mississippi Department of Mental Health, which are governed by the Mississippi Board of Mental Health;
- (2) Programs that provide services to persons with mental illness and/or mental retardation that are designated by the Mississippi Legislature to require professional licensure; or,
- (3) Programs primarily providing services to individuals with mental illness and/or mental retardation which are licensed by the Mississippi Department of Health, as well as programmatically certified/licensed by the Mississippi Department of Mental Health.

B. This professional licensure does not qualify an individual to provide services outside this scope of practice or in private practice. Practicing beyond the scope of practice may lead to sanctions as described in Chapter 8, Section 4, pp. 31-32 of these regulations.

#### Section 2: Principles of Ethical and Professional Conduct

A. All program Participants and Licensed Mental Health/Mental Retardation Administrators shall comply with ethical

standards/principles as established by the Review Board and the Department of Mental Health.

#### B. Introduction

The State Legislature granted Statutory Authority for Mississippi Department of Mental Health certification/licensure programs in 1996. As a result, the Division of Professional Licensure and Certification was created to develop and implement the programs. Having been amended by the State Legislature in 1997, Section 41-4-7 of the *Mississippi Code of 1972, Annotated* currently includes a provision authorizing the State Board of Mental Health to certify/license case managers, mental health therapists, mental retardation therapists, mental health/retardation administrators, addiction counselors and others as deemed appropriate by the State Board of Mental Health.

The Mississippi Department of Mental Health Division of Professional Licensure and Certification Review Board is designed to serve as the governing body to the everyday professional conduct of Mississippi Department of Mental Health credentialed individuals. The individuals credentialed through the Mississippi Department of Mental Health may identify with different professional associations and are often certified by other groups that promulgate codes of ethics. The Mississippi Department of Mental Health Principles of Ethical and Professional Conduct, herein referred to as "the principles," provides a minimal ethical standard for the professional behavior of all individuals credentialed through the Mississippi Department of Mental Health. The principles provide a level of expectation for ethical practice from all who hold a Mississippi Department of Mental Health credential. In addition, the principles serve the purpose of having an enforceable standard for all Mississippi Department of Mental

Health credentialed individuals and facilitate an avenue for recourse in case of a perceived ethical violation.

Applicable federal and state laws; the principles; program policies and any other pertinent rules must be observed when conducting business as a Mississippi Department of Mental Health credentialed professional. Alleged violations of the principles may be subject to disciplinary action if the Review Board finds that a person is guilty of any violation of the principles. For more information on disciplinary action see the Rules, Regulations and Application Guidelines for each individual discipline.

While the principles cannot guarantee ethical practice by all Mississippi Department of Mental Health credentialed individuals or resolve all issues, the intent of the principles is to provide guidelines for individuals who, in good faith, seek to make reliable ethical judgments. Six general principles of ethical and professional conduct follow. For more specific information on professional responsibility see the Rules, Regulations and Application Guidelines document for each individual discipline.

#### C. Principle I: Competence

- (1) Individuals holding a current credential from the Mississippi Department of Mental Health must be employed by a program that receives funding from or is certified/licensed or administered by the Mississippi Department of Mental Health.
- (2) Individuals who hold a credential through the Mississippi Department of Mental Health must notify the Division of Professional Licensure and Certification upon any change affecting credential status, especially a change in employment.

- (3) Individuals holding a credential from the Mississippi Department of Mental Health must provide services and represent themselves as competent within the boundaries of their education, training, license, certification, supervised experience or other relevant professional experience. Services provided must be based on the most current information and knowledge available within the scope of the services of the Mississippi Department of Mental Health.
- (4) Individuals who hold another professional credential shall abide by all principles contained herein.
- (5) The principles do not alleviate the individual responsibility to ethical, programmatic or professional guidelines.
- (6) The principles must be adhered to in addition to applicable ethical, programmatic and professional criteria.

#### D. Principle II: Confidentiality

- (1) Individuals holding a credential from the Mississippi Department of Mental Health have an obligation to respect the confidentiality rights of the clients with whom they work and must take reasonable precautions to preserve confidentiality.
- (2) Members of a treatment team or those collaborating on the care of a client shall maintain confidentiality within the parameters of the treatment setting.
- (3) Confidential information may only be disclosed with appropriate valid consent from a client or a person legally authorized to consent on behalf of the individual.



- (4) All information collected for the purpose of service delivery must be kept confidential, and released only when authorized by a re-disclosure consent or state law.
  - (5) Clients involved in family, couples, marital or group counseling must be informed of their individual right to confidentiality.
  - (6) Credentialed individuals must preserve the confidentiality of information shared by others as well as agency policy concerning the disclosure of confidential information and must explain these to the client.
  - (7) When consulting with colleagues, credentialed individuals do not share confidential information that could lead to the identification of a client with whom they have a confidential relationship unless they have obtained the prior consent of the person. Information may only be shared to the extent necessary to achieve the purposes of consultation.
  - (8) Permission for the use of electronic recording of interviews must be secured, prior to the interview, from the client or a person legally authorized to consent on behalf of the client.
  - (9) Confidentiality may be waived if disclosure is necessary to prevent serious, foreseeable, and imminent harm to one's self or other identifiable person or when laws or regulations require disclosure without a client's consent.
  - (10) The client's confidentiality privilege is waived if the individual brings charges against a credentialed individual.
  - (11) Confidentiality may be waived in compliance with appropriate statutes.
  - (12) In all instances, individuals who hold a credential from the Mississippi Department of Mental Health should disclose the least amount of confidential information necessary to achieve the desired purpose.
- E. Principle III: Respect for People's Rights and Dignity
- (1) Individuals who hold a credential from the Mississippi Department of Mental Health have a primary responsibility to the client. The respect of the fundamental rights, dignity and worth of all people is of the utmost importance.
  - (2) Credentialed individuals must be aware of and accept the cultural, individual and role differences that occur in the service delivery environment.
  - (3) Individuals holding a credential from the Mississippi Department of Mental Health do not discriminate against any client because of race, color, creed, sex, religion, national origin, age, physical handicap, disability or political affiliation.
  - (4) Mississippi Department of Mental Health credentialed individuals actively work to eliminate the effect of bias on the provision of services and they do not knowingly participate in or condone discriminatory practices.
  - (5) Individuals holding a credential from the Mississippi Department of Mental Health who witness or have knowledge of unethical or discriminatory practices of other individuals holding a Mississippi Department of Mental Health credential are obligated to report such practices to the Division of Professional Licensure and Certification. For more information on the complaint process, see the

Rules, Regulations and Application  
Guidelines document for each  
individual discipline.

F. Principle IV: Vulnerable Adults Act

A "vulnerable adult" is defined by Section 43-47-5 (m) of the *Mississippi Code of 1972, Annotated* as, "a person eighteen (18) years of age or older or any minor not covered by the Youth Court Act who is present in the state and who, regardless of residence, is unable to protect his or her own rights, interests, and/or vital concerns and who cannot seek help without assistance because of physical, mental or emotional impairment. The term "vulnerable adult" shall also include all residents or patients, regardless of age, in a care facility for the purposes of prohibition against abuse, neglect, or exploitation.

- (1) Individuals who hold a credential from the Mississippi Department of Mental Health must acknowledge Section 43-47-5 (m) of the *Mississippi Code of 1972, Annotated* definition of "vulnerable adult."
- (2) Individuals credentialed by the Mississippi Department of Mental Health are responsible for knowing the responsibilities of his/her role within the purview of Section 43-47-5 (m) of the *Mississippi Code of 1972, Annotated* (the Vulnerable Adults Act).
- (3) Mississippi Department of Mental Health credentialed individuals will be accountable under Section 43-47-5 (m) if the *Mississippi Code of 1972, Annotated* (the Vulnerable Adults Act) to protect the rights, interests and/or vital concerns of his/her clients.

G. Principle V: Sexual Harassment/  
Misconduct

Sexual harassment/misconduct is considered to be any unwelcome solicitation, physical advance, or verbal or

nonverbal conduct that is sexual in nature. Sexual harassment/misconduct can consist of a single onerous act or of multiple persistent or pervasive acts.

- (1) Individuals who hold a credential from the Mississippi Department of Mental Health will not knowingly engage in behavior that is sexually harassing or demeaning to persons with whom they interact within the service delivery environment.
- (2) Any behavior that could be construed as sexual harassment during the Mississippi Department of Mental Health credentialed individual's function of providing services for a program that is funded/certified/administered through the Department of Mental Health, shall be subject to disciplinary action.

H. Principle VI: Drug Free Workplace

The Department of Mental Health adopted written policy in Sections 71-7-1 through 71-7-31 of the *Mississippi Code of 1972, Annotated* which outlines State policy on Drug Free Workplace. Programs funded/certified/administered and individuals who hold a credential through the Mississippi Department of Mental Health will be expected to abide by this provision.

**Section 3: Professional Identification**

A person issued a certificate by the Department of Mental Health may use the title appropriate to his/her category of professional licensure while in the employ of a program as described in Chapter 3, Section 1, A., p. 6. The recognized title for this program is: "Licensed Mental Health/Mental Retardation Administrator" or the abbreviation "LMH/MRA."

#### **Section 4: Separation from Applicable Employment**

- A. Upon separation of the Licensee from applicable employment as described in Chapter 3, Section 1, A., p. 6, the individual is expected either to return to the Division his/her certificate attesting to DMH professional licensure or to seek inactive licensure status. See Chapter 3, Section 6, B., (2), p. 14 for procedures to pursue inactive status.
- B. Unless the individual holds inactive status, the individual separated from applicable employment as described in Chapter 3, Section 1, A., p. 6 ceases to hold DMH professional certification/licensure and must also cease using the DMH professional title(s).
- C. Any Licensee shall notify the Division in writing within 14 days of a change in employment. See Chapter 3, Section 6, B., (1), p. 14.

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## CHAPTER 8

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### **Complaints, Disciplinary Hearings, Sanctions, Disciplinary Appeal**

#### **Section 1: Grounds for Disciplinary Action**

- A. Participants/Licensees shall conduct their activities and services in accordance with applicable federal and state laws, these rules and regulations, and any other applicable rules.
- B. Participants/Licensees may be subject to the exercise of disciplinary action if the Review Board finds that he/she is guilty of any of the following or has knowledge of the following and has not reported such to the Division. Grounds for disciplinary action include, but are not limited to:
- (1) Negligence in the practice or performance of professional services or activities;
  - (2) Engaging in dishonorable, unethical, unprofessional conduct of a character likely to deceive, defraud, or cause harm in the course of professional services or activities;
  - (3) Engaging in lewd conduct in connection with professional services or activities;
  - (4) Perpetrating or cooperating in fraud or material deception in obtaining or renewing certification/licensure or attempting the same;
  - (5) Being convicted of any crime which has a substantial relationship to the Participant's/Licensee's activities and services or an essential element of which is misstatement, fraud, or dishonesty;
  - (6) Being convicted of any crime which is a felony under federal or state law;
  - (7) Engaging in or permitting the performance of unacceptable services personally or by assistants working under the Participant's/Licensee's supervision due to the Participant's/Licensee's deliberate or grossly negligent act or failure to act, regardless of whether actual damage is established;
  - (8) Treating any person differentially or detrimentally because of race, color, creed, age, sex, religion, national origin, or disability;
  - (9) Engaging in false or misleading advertising;
  - (10) Revealing confidential information except as may be required by law;
  - (11) Failing to inform a client of the fact that the client no longer needs the services of the Participant/Licensee;
  - (12) Charging excessive or unreasonable fees or engaging in unreasonable collection practices;
  - (13) Performing services for compensation or representing oneself as a DMH-certified/licensed professional while holding a certificate in a suspended, surrendered or revoked status;
  - (14) Attempting to utilize the certificate issued by the Department of Mental Health for private practice; or,
  - (15) Engaging in any conduct considered by the Review Board to be detrimental to the profession.

#### **Section 2: Complaints and Investigation**

- A. All complaints concerning a Participant's/Licensee's professional service or activities shall be received by the Division.

B. The Division shall log each complaint by recording the following information:

- (1) Participant's/Licensee's name;
- (2) Name of the complaining party, if known;
- (3) Date of the complaint;
- (4) Brief statement of complaint; and,
- (5) Disposition or attempts at settlement.

C. All complaints shall be investigated and evaluated by the Review Board.

D. The Review Board shall make the determination of the necessity of a disciplinary hearing.

### **Section 3: Notice of Complaint and Disciplinary Hearing**

A. The Review Board shall notify the Participant/Licensee that a complaint has been received and that a disciplinary hearing will be held.

B. The Participant/Licensee shall be notified at least thirty (30) days before the date of the disciplinary hearing. Notification shall be considered to have been given if the notice was personally received by the Participant/Licensee or if the notice was mailed "certified, return receipt requested" to the last known address as listed with the Division.

C. This notice shall inform the Participant/Licensee of the facts which are the basis of the complaint and which are specific enough to enable the Participant/Licensee to defend against the complaint. The notice of the complaint and the disciplinary hearing shall also inform the Participant/Licensee of the following:

- (1) The date, time and location of the disciplinary hearing;

(2) That the Participant/Licensee may appear personally at the disciplinary hearing and may be represented by counsel;

(3) That the Participant/Licensee shall have the right to produce witnesses and evidence on his/her behalf and shall have the right to cross-examine adverse witnesses and evidence;

(4) That the Rules of Evidence do not apply;

(5) That the disciplinary hearing could result in sanctions being taken against the Participant/Licensee;

(6) That within fifteen (15) days of the disciplinary hearing, the Review Board shall, in writing, advise the Participant/Licensee what sanctions, if any, shall be imposed and the basis for the Review Board's action; and,

(7) That disposition of any formal complaint may be made by consent order or stipulation between the Review Board and the Participant/Licensee.

D. The disciplinary hearing shall be an informal hearing and shall be presided over by the Chairperson of the Review Board.

E. Within fifteen (15) days of the disciplinary hearing, the Review Board shall provide written notification to the Participant/Licensee as to what sanctions, if any, shall be imposed and the basis for the Review Board's action.

F. All disciplinary hearing procedures are matters of public record and shall be preserved pursuant to state law.

### **Section 4: Sanctions**

The Review Board may impose any of the following sanctions, singly or in combination,

when it finds that a Participant/Licensee is guilty of any of the offenses referred to in Chapter 8, Section 1, p. 30:

- A. Issuance of a letter of official reprimand to the Participant/Licensee;
- B. Refusal to renew a certificate;
- C. Restriction or limitation of the individual's scope of practice;
- D. Suspension of the certificate, for any period of time;
- E. Revocation of the certificate;
- F. Approval of the individual's request for surrender of professional credential; or,
- G. Imposition of a monetary penalty of not more than \$1,000.00.

and notify the Participant/Licensee of the results of this review within forty-five (45) days.

- C. Further appeal shall be pursuant to any remedies available at law.

#### **Section 5: Disciplinary Appeal**

- A. Following a disciplinary hearing, a Participant/Licensee aggrieved by a decision of the Review Board related to the disciplinary action/sanctions shall have the right to appeal to the Executive Director. The Participant/Licensee must notify the Division of PLACE within fifteen (15) days of receipt of the written notification of the Review Board's action.

The Executive Director shall review the Participant's/Licensee's case and notify the Participant/Licensee of the results of this review within thirty (30) days.

- B. A Participant/Licensee aggrieved by the decision of the Executive Director regarding the appeal may then appeal to the State Board of Mental Health. The Participant/Licensee must notify the Division of PLACE within fifteen (15) days of receipt of the written notification of the Executive Director's decision.

The State Board of Mental Health shall review the Participant's/Licensee's case

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## CHAPTER 9

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### Application Forms

#### Section 1: Forms and Directions for the Applicant Phase

- A. For more information regarding pre-licensure requirements, see Chapter 3, Section 3 and Section 4, pp. 7-9.
- B. For a description of the Applicant Phase and the application process, see Chapter 4, Section 1, A., p. 16 and Chapter 4, Section 2 through Section 4, pp. 16-18.
- C. Application instructions, an application checklist and forms needed to apply for LA (*formerly LMH/MRA*) program admission are included in this chapter for your convenience:
  - (1) Application Instructions (pp. 34-35);
  - (2) Application Checklist (p. 36);
  - (3) Application for Admission Form (pp. 37-39);
  - (4) Verification of Employment Form (p. 41); and,
  - (5) Verification of Experience Form (pp. 42-44).

#### Section 2: Forms and Directions for the Participant Phase

- A. For more information regarding licensure requirements, refer to the “IMPORANT UPDATES” insert at the beginning of this document as well as Chapter 3, Section 5 pp. 9-13.
- B. For a description of the Participant Phase and the application review process, refer to the aforementioned “IMPORANT UPDATES” insert as well as Chapter 4, Section 1, B., p. 16 and Chapter 4, Section 4, A., (2), p. 18.
- C. Further instructions and forms needed by the Program Participant will be mailed to the individual after admission to the LA (*formerly LMH/MRA*) program.

#### Section 3: Forms and Directions for License Renewal

- A. For more information regarding renewal requirements and the renewal application process, see Chapter 5, pp. 20-22.
- B. Further instructions and forms needed for License Renewal will be mailed to the Licensee prior to the renewal deadline.

**Application for Admission to the  
Licensed DMH Administrator (LA) Program**  
*(Formerly Licensed Mental Health/Mental Retardation Administrator – LMH/MRA)*

**Application Instructions**

It is recommended that you read all application materials before beginning the application process, as the required application fee is non-refundable. If you wish to apply for admission to the Department of Mental Health (DMH) Licensed DMH Administrator *(formerly Licensed Mental Health/Mental Retardation Administrator)* Program, please complete, as appropriate, and submit the following items to the Division of Professional Licensure and Certification:

1. Notarized Application Form (pp. 37-40);
2. Verification of Employment Form (p. 41);
3. Official transcript(s) from an approved educational institution verifying educational qualifications;
4. Verification of Experience Form(s) (pp. 42-44);
5. Three Letters of Support; and,
6. Non-refundable application fee of \$75.00 in the form of a check or money order made payable to the Mississippi Department of Mental Health.

Items 1-6 above should be completed by the appropriate person(s) indicated on each form, collected by the Applicant and submitted together in one application packet to the Division of Professional Licensure and Certification (Division). Items 2-5 should be sent in sealed envelopes with a signature across the envelope's seal matching the signature on the document inside the envelope. The Division will check to ensure that the signature crossing the envelope's seal matches the signature on the enclosed form.

The responsibility for submitting a complete application, including all required application forms/materials/fees, is that of the Applicant. The Professional Licensure and Certification Review Board (Review Board) will not review incomplete applications. Incomplete applications will be kept on file for two years, after which time they will be destroyed.

When preparing to submit an application, please remember the following (continued on next page):

- Please print or type the information requested on the application forms; typing is preferred.
- Be sure to provide all information requested. Every blank should have a response, even if it is "Not Applicable."
- All forms/documents submitted in support of the application must bear **original** signatures.
- Applicants must meet **all** application requirements before being considered for licensure.
- Once received, the application materials will not be returned; therefore, Applicants are encouraged to make a copy of application materials for their personal records.



- An individual may apply for more than one category of DMH certification/licensure, such as IDD Therapist, Mental Health Therapist, Licensed DMH Administrator, etc.; however, each application should be submitted **separately**, including separate experience verification forms and the payment of fees. Official transcripts currently on file with the DMH Division of PLACE which satisfy the educational requirement may be utilized in lieu of submission of a new official transcript; the applicant should denote this information in the appropriate space on the Application Form.

### **Official Transcript**

The official transcript(s) verifying educational qualifications of the Applicant (Item 3) is to be provided by the approved educational institution. Only graduate-level transcripts are required. The official transcript(s) should be sealed in an envelope and signed across the envelope's seal by the transcript clerk issuing the document to the Applicant. If the approved educational institution will not issue an official transcript to the Applicant, the approved educational institution may submit the official transcript directly to the Division.

Please note that all references to hours of college credit are for **semester** hours. Quarter hours which are submitted will be converted to semester hours using the standard formula (Number of Quarter Hours X .66 = Semester Hour Equivalent).

### **Verification of Experience**

All experience requirements are based on full-time, 40 hour per week work experience. While individuals with part-time experience are welcome to apply, they should report work experience that is equivalent to a 40 hour per week work experience. The Review Board will review each application and make decisions regarding part-time experience on a case-by-case basis. See Chapter 3, Section 3, A., (3) on p. 7 of the Rules and Regulations for more information on experience requirements.

### **Letters of Support**

Three (3) Letters of Support are required to be included in the application packet. At least two (2) letters must be from employers (current or former) and one (1) letter may be a character reference from a non-employer. Letters of support may not be submitted by immediate family members.

### **Documentation of Independent Study and Training (IST) Requirement (To progress from Program Participant to Licensure)**

Effective October 1, 2008, Licensed DMH Administrator (LA) **Program Participants** must complete **ONE (1) of two (2) Independent Study and Training (IST) options** in order to obtain License DMH Administrator (LA) **Licensure**. **Refer to the "IMPORTANT UPDATES" insert at the beginning of this document, in addition to Chapter 3, for information on the Independent Study and Training (IST) Requirement.**

Though not required at the time of application for admission into the Licensed DMH Administrator program as a **Program Participant**, individuals who have already completed any of the Independent Study and Training elements (for either IST OPTION ONE **OR** IST OPTION TWO), may submit the appropriate documentation at the time of application for LA program admission as an LA Program Participant: **Examples of such documentation would be:**

1. **Independent Study and Training Option ONE (Completion of CPM and FOCUS):**

- Copy of Certified Public Manager (CPM) Program graduation certificate *(or other official correspondence denoting completion as determined acceptable by the DMH Division of PLACE)*.
- Copy of DMH Accelerated Leadership Program (Focus) graduation certificate *(or other official correspondence denoting completion as determined acceptable by the DMH Division of PLACE)*.

**OR**

2. **Independent Study and Training OPTION TWO (Completion of CPM and Three (3) of Five (5) Available LA written examinations):**

- Copy of Certified Public Manager (CPM) Program graduation certificate *(or other official correspondence denoting completion as determined acceptable by the DMH Division of PLACE)*.
- Effective October 1, 2008, the DMH Minimum Standards for Community Mental Health/Mental Retardation Services Exam (DMH-MS) **was discontinued; this exam is no longer offered.** LA Program Participants who took and passed this examination prior to its discontinuance may be able to count it as one (1) of their three (3) completed examinations; interested individuals should contact the DMH Division of PLACE. Unless the DMH Division of PLACE has a record of successful completion of the individual's completion of this discontinued examination, the individual would need to submit official documentation denoting successful completion as determined acceptable by the DMH Division of PLACE.
- An individual holding a current Nursing Home Administrator License may seek a waiver from the Aged or Infirm Exam (A/I) and will be able to count this examination waiver as one (1) of their three (3) completed examinations. Such individuals should submit a written request for waiver and include a copy of their NHA license and renewal certificate showing current licensure status.

Even though successful completion of **three (3)** of the five (5) available LA written examinations is one of the requirements under Independent Study and Training OPTION TWO, there is no reporting requirement for examinations taken through the Mississippi Department of Mental Health (DMH), Division of Professional Licensure and Certification (PLACE). The Division of PLACE maintains the LA examination records for each LA Program Participant choosing to complete Independent Study and Training OPTION TWO for Licensure. However, individuals desiring to count the no-longer-offered DMH –MS examination and/or who want to request a waiver on the A/I Exam due to current Nursing Home Administrator Licensure would need to submit the aforementioned documentation.

## **Application Review**

The Division will review all application materials for completeness. Complete applications will be forwarded to the Review Board for their review at the next regularly scheduled Review Board meeting. The Review Board will review all application materials and make recommendations regarding the issuance of professional licensure, as appropriate, to the DMH Executive Director. Upon approval by the Executive Director, each Applicant will be awarded a certificate attesting to the appropriate title. Applicants will be notified in writing of the status of their applications within thirty (30) days after the Review Board meeting.

## Application Checklist

1. Before mailing your complete application packet to the Division, check to be sure it contains the following:

**A. Application Elements Required for Licensed DMH Administrator Participant Application:**

- ☐ **A notarized, complete Application Form (pp. 37-40)**  
This four-page form is to be completed by the Applicant and the Applicant's Sponsor, as indicated on the form, and notarized by a qualified Notary Public.
- ☐ **A completed Verification of Employment Form (p. 41)**  
This one-page form is to be completed, sealed in an envelope and signed across the envelope's seal by the Personnel Officer at the Applicant's current place of employment.
- ☐ **Official Transcript(s)**  
Whether included in the application packet or received separately from the educational institution, the transcript(s) must be received still sealed in the original envelope(s) provided by the educational institution. No photocopies of transcripts will be accepted. The Applicant should clearly indicate on #11 of the Application Form which transcripts are included in the application packet and which transcripts are to be sent directly from the educational institution. **This is the only item that may be submitted separately from the application packet.**
- ☐ **A completed Verification of Experience Form(s) (pp. 42-44)**  
One three-page Verification of Experience Form is to be completed, sealed in an envelope and signed across the envelope's seal by each Supervisor. It is understood that the Applicant has completed Section I of the form for each Supervisor, while the Supervisor has completed Section II. All three pages of the form must be received together in the signed, sealed envelope.
- ☐ **Three Letters of Support**  
Three (3) letters of support are required. Each letter is to be sealed in a separate envelope and signed across the envelope's seal by the letter's author.
- ☐ **A check or money order made payable to the Mississippi Department of Mental Health in the amount of \$75.00 (non-refundable application fee)**

**Independent Study and Training (IST) Requirement Documentation:** *(Submission of required IST elements is OPTIONAL at the time of application for admission as an LA Program Participant; however, IST elements required for submission must be submitted to the DMH Division of PLACE prior to awarding of LA Licensure.)*

- Effective October 1, 2008, Licensed DMH Administrator (LA) **Program Participants** must complete **ONE (1) of two (2)** Independent Study and Training (IST) options in order to obtain License DMH Administrator (LA) **Licensure**. Refer to the "IMPORTANT UPDATES" insert at the beginning of this document/ Chapter 3 for information on the Independent Study and Training (IST) Requirement.
- **Though not required at the time of application for admission into the Licensed DMH Administrator program as a Program Participant**, individuals who have already completed any of the Independent Study and Training elements (for either IST OPTION ONE **OR** IST OPTION TWO), may submit the appropriate documentation at the time of application for LA program admission as a LA Program Participant: **Examples of such documentation would be:**

1. **Independent Study and Training Option ONE (Completion of CPM and FOCUS):**

- ☐ Copy of Certified Public Manager (CPM) Program graduation certificate *(or other official correspondence denoting completion as determined acceptable by the DMH Division of PLACE)*.
- ☐ Copy of DMH Accelerated Leadership Program (Focus) graduation certificate *(or other official correspondence denoting completion as determined acceptable by the DMH Division of PLACE)*.

**OR**

2. **Independent Study and Training OPTION TWO (Completion of CPM and Three (3) of Five (5) Available LA written examinations):**

- ☐ Copy of Certified Public Manager (CPM) Program graduation certificate *(or other official correspondence denoting completion as determined acceptable by the DMH Division of PLACE)*.
- ☐ Effective October 1, 2008, the DMH Minimum Standards for Community Mental Health/Mental Retardation Services Exam (DMH-MS) **was discontinued; this exam is no longer offered.** LA Program Participants who took and passed this examination prior to its discontinuance may be able to count it as one (1) of their three (3) completed examinations; interested individuals should contact the DMH Division of PLACE. Unless the DMH Division of PLACE has a record of successful completion of the individual's completion of this discontinued examination, the individual would need to submit official documentation denoting successful completion as determined acceptable by the DMH Division of PLACE.
- ☐ An individual holding a current Nursing Home Administrator License may seek a waiver from the Aged or Infirm Exam (A/I) and will be able to count this examination waiver as one (1) of their three (3) completed examinations. Such individuals should submit a written request for waiver and include a copy of their NHA license and renewal certificate showing current licensure status.

Even though successful completion of **three (3)** of the five (5) available LA written examinations is one of the requirements under Independent Study and Training OPTION TWO, there is no reporting requirement for examinations taken through the Mississippi Department of Mental Health (DMH), Division of Professional Licensure and Certification (PLACE). The Division of PLACE maintains the LA examination records for each LA Program Participant choosing to complete Independent Study and Training OPTION TWO for Licensure. However, individuals desiring to count the no-longer-offered DMH –MS examination and/or who want to request a waiver on the A/I Exam due to current Nursing Home Administrator Licensure would need to submit the aforementioned documentation.

3. **Mail your complete application packet to:**

Mississippi Department of Mental Health  
Division of Professional Licensure and Certification  
1101 Robert E. Lee Building  
239 North Lamar Street  
Jackson, MS 39201

**APPLICATION FOR ADMISSION TO THE  
LICENSED DMH ADMINISTRATOR (LA) PROGRAM**  
(FORMERLY LICENSED MENTAL HEALTH/MENTAL RETARDATION ADMINISTRATOR – LMH/MRA)

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**Personal Information –**  
(To be completed by the Applicant)

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**Please print or type all information, filling in every blank or checking the appropriate box.**

1. a. Name: ☐ Mr. \_\_\_\_\_  
☐ Ms. \_\_\_\_\_  
☐ Dr. \_\_\_\_\_  
(Type or Print name as it should appear on the certificate.)

b. Name(s) used on Transcripts if different from above: \_\_\_\_\_

2. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Driver's License #: \_\_\_\_\_  
(if different)

4. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Gender: ☐ Male ☐ Female

6. Home/Personal Contact Information

(Street Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

(County of Residence) \_\_\_\_\_

(Telephone) \_\_\_\_\_

(Email) \_\_\_\_\_

**(REQUIRED)**

7. Current Place of Employment: \_\_\_\_\_

8. Employment Contact Information

(Street Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

(County of Employment) \_\_\_\_\_

(Business Telephone) \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
(Last 4 Digits)

**-Educational Information-**  
(To be completed by the Applicant)

9. Education and Training

Circle the highest year of college or university completed:      1   2   3   4   5   6   7   8

Name of College or University	Degree	Date	Major	#Hrs

10. Transcript

- a. Is an official transcript included in this application packet?      ☐ YES      ☐ NO

Which one(s)? \_\_\_\_\_

- b. Have you asked a college/university to mail an official transcript directly to the Division of PLACE?      ☐ YES      ☐ NO

Which one(s)? \_\_\_\_\_

- c. PLACE already has an official copy of my transcript(s) on file.      ☐ YES      ☐ NO

11. (Optional) Attach a description of any other education or training not covered in item #9.

**-Supervised Experience-**  
(To be completed by the Applicant)

12. I have applicable work experience to apply for Licensed DMH Administrator (*formerly Licensed Mental Health/Mental Retardation Administrator*) Licensure which is detailed on the accompanying Verification of Experience Form(s). **I have included Verification of Experience Forms from the following Supervisors.** Please include the name and title of each Supervisor listed.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
(Last 4 Digits)

**-Verification of Sponsorship -**  
(To be completed by the Sponsor)

**Directions:** As part of the DMH Licensed DMH Administrator (*formerly Licensed Mental Health/Mental Retardation Administrator*) program, each Applicant is required to have a Sponsor who meets specific qualifications and who agrees to uphold certain responsibilities. Before agreeing to sponsor an Applicant, each potential Sponsor should carefully read Chapter 3, Section 4 (pp. 8-9) of the Rules and Regulations. As Sponsor, please complete the following information and return it to the Applicant who is responsible for submitting it along with his/her Application Form in one application packet. The information provided will not be reviewed unless all areas of this form are complete.

**Please print or type all information, filling in every blank.**

13. Sponsor Name: ☐ Mr. \_\_\_\_\_  
☐ Ms. \_\_\_\_\_  
☐ Dr. \_\_\_\_\_ (Last) (First) (MI)

14. Sponsor Title: \_\_\_\_\_

15. Business Address: \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

16. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

17. In accordance with the Rules and Regulations of Licensed DMH Administrator (*formerly Licensed Mental Health/Mental Retardation Administrator*) Licensure, I am qualified to serve as a Sponsor because I meet at least one of the following qualifications (check one):

- ☐ I hold a current license as a Licensed DMH Administrator (LA) (*formerly Licensed Mental Health/Mental Retardation Administrator – LMH/MRA*).
- ☐ I currently hold a position as the director/executive director (**top-level** administrator) of a program as described in Chapter 3, Section 1, A., p. 6 with at least three (3) years of administrative experience in the State of Mississippi.
- ☐ I currently hold a position as the Chair of a governing Board or Commission of a program as described in Chapter 3, Section 1, A., p. 6.

I am willing to sponsor the above Applicant in his/her endeavor to obtain Licensed DMH Administrator (*formerly Licensed Mental Health/Mental Retardation Administrator*) Licensure. I have read Chapter 3, Section 4, pp. 8-9 of the Rules and Regulations and I understand all of the duties and responsibilities of sponsorship and I am willing to accept said duties and responsibilities.

\_\_\_\_\_  
(Signature of Sponsor)

\_\_\_\_\_  
(Date)

NAME OF APPLICANT: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
(Last 4 Digits)

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**-AFFIDAVIDT -**

(To be completed by both the Applicant and a Notary Public)

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**Directions:**

The Applicant is expected to present **the original of all four pages of the application (pp. 37-40)** to a currently qualified Notary Public for proper notarization. The Applicant is also expected to sign the affidavit in the presence of the Notary Public. Only proper notarization of the entire application form bearing original signatures will be accepted by the Division.

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State of \_\_\_\_\_ County of \_\_\_\_\_

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that the statements contained herein are true in every respect; that he/she will conform to the Principles of Ethical and Professional Conduct of the Mississippi Department of Mental Health; and, that he/she has read and understood this affidavit.

\_\_\_\_\_  
**Signature of Applicant**

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Signature of Notary Public**

My commission expires on \_\_\_\_\_  
(Date)

**Official Seal**



NAME OF APPLICANT: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
(Last 4 Digits)

## VERIFICATION OF EMPLOYMENT FORM - LA

(To be completed by the Personnel Officer at the Applicant's current place of employment)

**Directions:** Please print or type all information, filling in every blank or checking the appropriate box. Upon completion, the Personnel Officer should seal the form in an envelope and sign his/her name across the envelope's seal. The signature on the envelope must match the signature on the enclosed form. The Personnel Officer should then return the sealed envelope to the **Applicant** for submission to the Division.

### 1. Position:

I verify that \_\_\_\_\_ (Name of Applicant) \_\_\_\_\_ (Date of Hire)

is employed at \_\_\_\_\_ (Place of Employment)

located at \_\_\_\_\_ in the  
(Address of the Place of Employment)

position of \_\_\_\_\_ ☐ FT ☐ PT at \_\_\_\_\_ %  
(Applicant's Job Title) (Select one and indicate % if PT)

### 2. Background Check:

As appropriate to the Applicant's position and professional responsibilities, have background checks been conducted regarding this Applicant? ☐ YES ☐ NO

If "NO" was checked, please explain (include an attachment, if necessary):

\_\_\_\_\_  
\_\_\_\_\_

### 3. Program Qualification:

- a. Is your program **certified and/or funded** by the MS Department of Mental Health? ☐ YES ☐ NO
- b. Is your program **operated/administered** by the MS Department of Mental Health? ☐ YES ☐ NO
- c. Is your program licensed by the Department of Health in addition to MS Department of Mental Health programmatic certification? ☐ YES ☐ NO

4. Personnel Officer Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Personnel Officer)

\_\_\_\_\_  
(Date)

NAME OF APPLICANT: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
(Last 4 Digits)

## VERIFICATION OF EXPERIENCE FORM - LA

### SECTION I: (To be completed by the Applicant)

**Directions for Applicant:** This form may be duplicated for use with more than one Supervisor. The Applicant should complete only Section I below and forward **all three pages of this form** to each supervisor for completion. After completion, the Applicant should collect a sealed envelope (containing this form) with the Supervisor's signature across the envelope's seal from each Supervisor and submit it with the other required application materials to the Department of Mental Health Division of Professional Licensure and Certification. Note that dates of supervised experience should always be expressed in dates indicating the month and year; terms such as "Present" or "Current" should not be used.

**Please print or type all information, filling in every blank or checking the appropriate box.**

1. Applicant Name: \_\_\_\_\_  
(Last) (First) (Maiden/MI)
2. Address: \_\_\_\_\_  
(Street or P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip Code) (County)
3. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
4. Applicant's experience meeting the requirements for licensure under this Supervisor.

Dates of Supervised Experience: From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Place of Employment: \_\_\_\_\_  
Program Address: \_\_\_\_\_

Exact Title of the Applicant's Position: \_\_\_\_\_  
Brief Description of Your Work: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_  
Select one and indicate percentage if Part-Time: ☐ Full-Time (40 hours/week) ☐ Part-Time \_\_\_\_\_ %

NAME OF APPLICANT: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
(Last 4 Digits)

**SECTION II: (To be completed by the Supervisor)**

**Directions for the Supervisor:**

As part of the Licensed DMH Administrator (*formerly Licensed Mental Health/Mental Retardation Administrator*) Program, Supervisors are asked to verify an Applicant's experience in the field of mental health and/or intellectual and developmental disabilities. **This three-page form should come to you with Section I completed by the Applicant.**

Please complete Section II and seal **all three pages** of this form in an envelope. You should sign your name **across the seal** on the back side of the envelope and then return it to the Applicant who is responsible for collecting all application materials and submitting one application packet.

DMH Division staff will check to ensure that the signature across the seal matches the Supervisor's signature on the form. **This information will be kept confidential by the Division, although the Applicant may be informed by the Division as to whether the evaluation is generally favorable or unfavorable.** The information provided will not be reviewed unless all areas of this form are complete.

**Please print or type all information, filling in every blank or checking the appropriate box.**

5. Supervisor Name: \_\_\_\_\_  
(Last) (First) (MI)

6. Supervisor Title: \_\_\_\_\_

7. Address: \_\_\_\_\_  
(Street or P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip Code)

8. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

9. In what capacity have you supervised the Applicant?

- ☐ Immediate Supervisor  
☐ Program Director/Executive Director  
☐ Chair of Governing Board or Commission

10. The Applicant was under your supervision during the following employment period:

From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)

11. At the time of supervision, the Applicant's employment was (check only one):

- ☐ Full-Time Employment (40 hours/week)  
☐ Part-Time Employment at \_\_\_\_\_ %

**LA Program**

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**Effective 8/5/2005**  
**(LA Name Change Effective 10/1/2008)**

NAME OF APPLICANT: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
(Last 4 Digits)

12. Describe professional duties the Applicant performed under your supervision:

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13. Please check one of the following statements (check only one and attach an explanation if you select either the second or third option):

- ☐ **I recommend**, without reservation, that the Applicant be considered for licensure.
- ☐ As described in the attached explanation, **I recommend with some reservations**, that the Applicant be considered for licensure. ☐ Explanation Attached
- ☐ As described in the attached explanation, **I do not recommend** that the Applicant be considered for certification. ☐ Explanation Attached

I attest to the fact that, as required by the Rules and Regulations, I am not a member of the Applicant's immediate family and that I have read the foregoing statements and any document(s) attached, and to the best of my knowledge, the information contained in this form is true and correct.

\_\_\_\_\_  
(Signature of Supervisor)

\_\_\_\_\_  
(Date)